## LATE EXECUTION WAIVER REQUEST

IOC Control Number			Obligation Number
Agency # and Name: ()			
Agency Contact Person:		Phone Number	er:
Address:			
Vendor Name:			
Mark and complete one of the	following:		
( ) I am requesting an exception could not be reduced to writing received or prior to the services	and signed b	y all necessary parties	s prior to the goods being
		(OR)	
( ) The contract was reduced to were received or services were commenced on the following da	commenced.	The goods were rec	
I am the Chief Procurement Officer, for the above listed agunderstand the contents of this	ency and I ar	m duly authorized to	make this request. I know and
Chief Procurement Office	cer Signature	·	Date
(For	Comptroller	and Treasurer Use O	nly)
Comptroller	Date	Treasurer	Date
Approved	1	Denied	